



UBCO Campus as a Living Lab – Application Form

UBCO FACULTY LEAD(S)		
SURNAME:		GIVEN NAME:
FACULTY:		DEPARTMENT:
E-MAIL ADDRESS:		TELEPHONE:
SURNAME:		GIVEN NAME:
FACULTY:		DEPARTMENT:
E-MAIL ADDRESS:		TELEPHONE:
UBCO OPERATIONAL STAFF LEAD		
SURNAME:		GIVEN NAME:
DEPARTMENT:		
E-MAIL ADDRESS:		TELEPHONE:
SELECTED CHALLENGE # (IF APPLICABLE) OR PRIORITY AREA		
PROJECT TITLE		
SIGNATURE SECTION:		
I verify that all the information contained within this application is true and complete, to the best of my knowledge.		
Academic Lead:	SIGNATURE:	DATE:
Academic Lead:	SIGNATURE:	DATE:
Operations Lead:	SIGNATURE:	DATE:
DEPARTMENT / UNIT HEAD / ADR		
We require that heads verify to the best of their ability that the proposed project falls within the faculty member's research area and represents an appropriate approach.		
NAME:	SIGNATURE:	DATE:
DEAN (OR DEAN DESIGNATE) OR DIRECTOR		
NAME:	SIGNATURE:	DATE: